

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

**FREEDOM PATH**(b) Address (number and street) ☐ check if different than previously reported  
2150 SOUTH 1300 EAST  
SUITE 500

(c) City, State and ZIP Code

SALT LAKE CITY

UT

84106

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30001986**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2012

through

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2012**(b) Communication Title** Three Men Again**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Valerie Phillips

(b) Address (number and street)

PO BOX 1093

(c) City, State and ZIP Code

Austin

TX 78767

(d) Name of Employer or Principal Place of Business

Gober Hilgers PLLC

(e) Occupation

Compliance

**9. Total Donations This Statement**

, , .00

**10. Total Disbursements/Obligations This Statement**

, , 129460.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

Valerie Phillips

**SIGNATURE**

Valerie Phillips

**[Electronically Filed]****DATE**

03/22/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
 (use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

**A.** (a) Name **Transaction ID : F91.000001**  
 Mark Emerson

(b) Address (number and street) 2150 South 1300 East  
 Suite 500

(c) City, State and ZIP Code  
 Salt Lake City UT 84106

(d) Name of Employer or Principal Place of Business (e) Occupation  
 Pearson Digital Learning Vice President

**B.** (a) Name **Transaction ID : F91.000002**  
 J. Scott Bensing

(b) Address (number and street) 2150 South 1300 East  
 Suite 500

(c) City, State and ZIP Code  
 Salt Lake City UT 84106

(d) Name of Employer or Principal Place of Business (e) Occupation  
 SB Strategic Consulting, Inc. Owner

**C.** (a) Name **Transaction ID : F91.000003**  
 Steven Troop

(b) Address (number and street) 2150 South 1300 East  
 Suite 500

(c) City, State and ZIP Code  
 Salt Lake City UT 84106

(d) Name of Employer or Principal Place of Business (e) Occupation  
 Unity Title Real Estate Investor

**D.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

**E.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business (e) Occupation

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Strategic Media Services Inc.</b> <hr/> Mailing Address of Payee 3299 K Street NW Suite 200 <hr/> City State Zip Code Washington DC 20007 <hr/> Name of Employer Occupation  <hr/> Purpose of Disbursement (Including title(s) of communication(s)) TV Media Buy and Shipping - "Three Men Again"				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  03 / 16 / 2012 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 120210.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  03 / 21 / 2012 </div>	
<b>Transaction ID : F94.000002</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>UT</u> Mitt Romney <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President				Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000003</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>UT</u> Orrin G. Hatch <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President				Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> <b>November Inc.</b> <hr/> Mailing Address of Payee PO Box 371553 <hr/> City State Zip Code Las Vegas NV 89137 <hr/> Name of Employer Occupation  <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Media Production - "Three Men Again"				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  03 / 16 / 2012 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9250.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  03 / 21 / 2012 </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>UT</u> Mitt Romney <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President				Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000005</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <u>UT</u> Orrin G. Hatch <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President				Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000006</b> Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 129460.00 </div>	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 129460.00 </div>	